## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application of Docket Number

09/7409/3

Ellective October 1, 2000											49 1 J (A)	
		CLAIMS A		S FILED - PART (Column 1)		(Column 2)		SMALL ENTITY TYPE		RO		R THAN ENTITY
TOTAL CLAIMS				·				TE	FEE	7	RATE	FEE
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		C FEE	355.00	OR	BASIC FEI	710.00
TO	OTAL CHARGE	ABLE CLAIMS	m	minus 20=		*		9:=		OR	X\$18=	
IN	DEPENDENT C	CLAIMS	minus 3 =		•		X	0-	1	OR	X80=	
M	JLTIPLE DEPE	NDENT CLAIM F	PRESENT	RESENT				35=	<b></b>	OR	+270=	
* If the difference in column 1 is less the				nan zero, enter "0" in c		column 2	TO			OR	TOTAL	
CLAIMS AS AMENDED - PART II									L	J ~		THAN
		(Column 1)		(Colum	in 2) (Column 3)		SMALL ENTITY		OR			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	BER DUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1. 15	Minus	S	<u>.</u>	= ##REEATT SIMPLESTS	X\$	9= -	<b>.</b>	OR	X\$18=	
	Independent	2	Minus	t en all		Section of the 200 per per	X40	)=		OR	X80=	
L	PIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+13	5=		OR	+270=	
								TAL		OR ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											AUDII. FEE	C
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST BER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=	X\$ 9	)=		OR	X\$18=	
	Independent	NTATION OF MI	Minus	NEMOENIT.	C1 A/A	=	X40	=		OR	X80=	
	THOTFILSE	NIATION OF WI	JETIPLE DEI	PENDENT	CLAIIVI		+135	j=		OR	+270=	
							TO ADDIT. I	TAL EE		OR A	TOTAL DDIT. FEE	
		(Column 1)		(Colum		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	JSLY ER	PRESENT EXTRA	RAT		ADDI- TIONAL FEE	*	RATE	ADDI- TIONAL FEE
Ž	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
A ME	Ind pendent	•	Minus	***		=	X40:	_		OR	X80=	
	HINST PHESE	NTATION OF ML	JETIPLE DEF	PENDENT (	CLAIM		+135	+				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR L	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											TOTAL ODIT. FEE	
T	he "Highest Numl	ber Previously Paid	i For" (Total or	Independen	t) is the I	nighest number	found in the	appro	opriate box	in colu	nn 1.	1